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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) <b>N9810.0025/P025</b>
In re Application of <b>Harry A. Dugger, III et al.</b>		
Application Number <b>10/671,715-Conf. #9275</b>		Filed <b>September 29, 2003</b>
For <b>BUCCAL, POLAR AND NON-POLAR SPRAY CONTAINING ZOLPIDEM</b>		
Art Unit <b>1616</b>	Examiner <b>M. Haghigian</b>	

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ **540.00**

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ **270.00**

A check in the amount of the fee is enclosed.

Payment by credit card.

The Director has already been authorized to charge fees in this application to a Deposit Account.

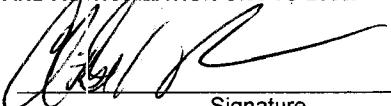
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 04-1073.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.**

I am the

applicant /inventor.



Signature

assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

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attorney or agent acting under 37 CFR 1.34.

Telephone number

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

April 17, 2009

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.